

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Berlin</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	1	Day	11
		Age	3	Years	
Sex	Male	Color or Race	White	Birth-place	Engl
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	John Bohren			Father's Birthplace	Engl
Mother's Maiden Name	Ellen Fay			Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name

in  
Full

Beatrice May Chapman

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Snow Hill

Worcester

Date

Month

Day

Years

Months

Days

of death

1907 Jan

26

Age

4

4

26

Sex

female

Color or  
Race

white

Birth-  
place

Md

Occupation

—

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Clifford Chapman

Father's  
Birthplace

Md

Mother's  
Maiden Name

Fannie Brittingham

Mother's  
Birthplace

Md

Name of person giving  
Information

Clifford Chapman

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pseudo Membr. Croup

How long

4 days

Immediate

Heart failure

How long

few hours

Are the name, age, sex, color, date  
and place correctly given above?

9

Signature of  
Physician

Address

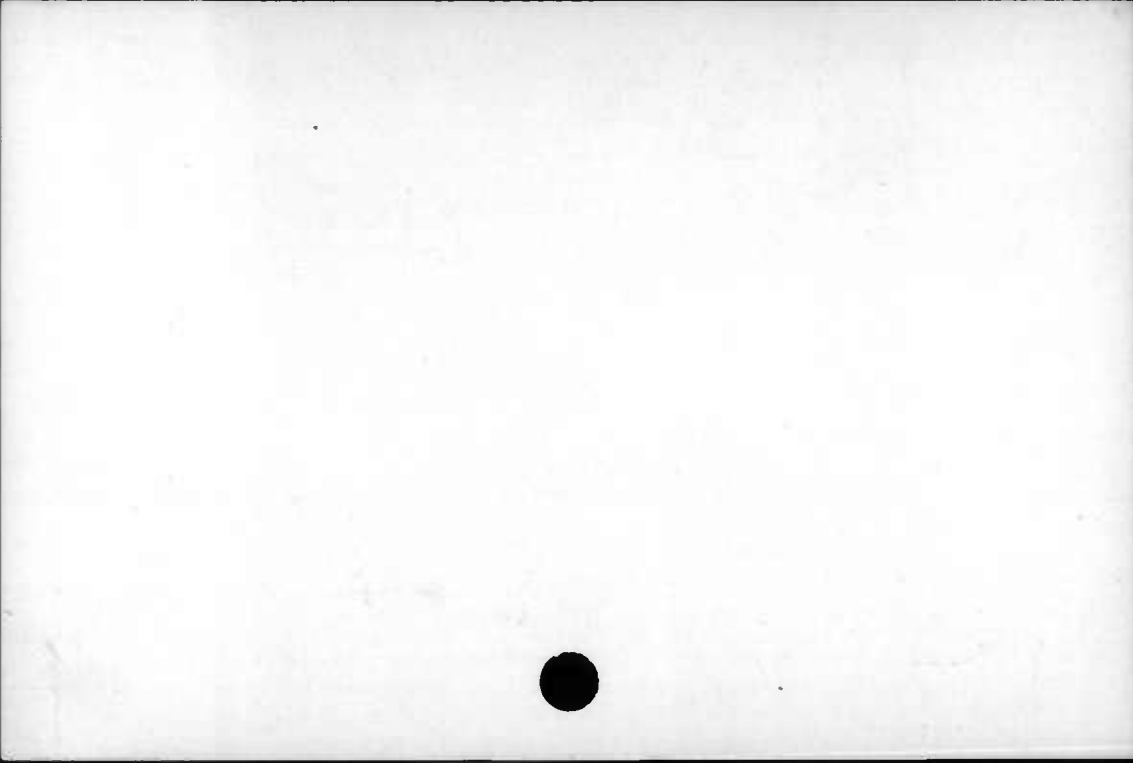
John S. G. (S. G. G.)

Snow Hill

Md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Eliza Collins

## CERTIFICATE OF DEATH

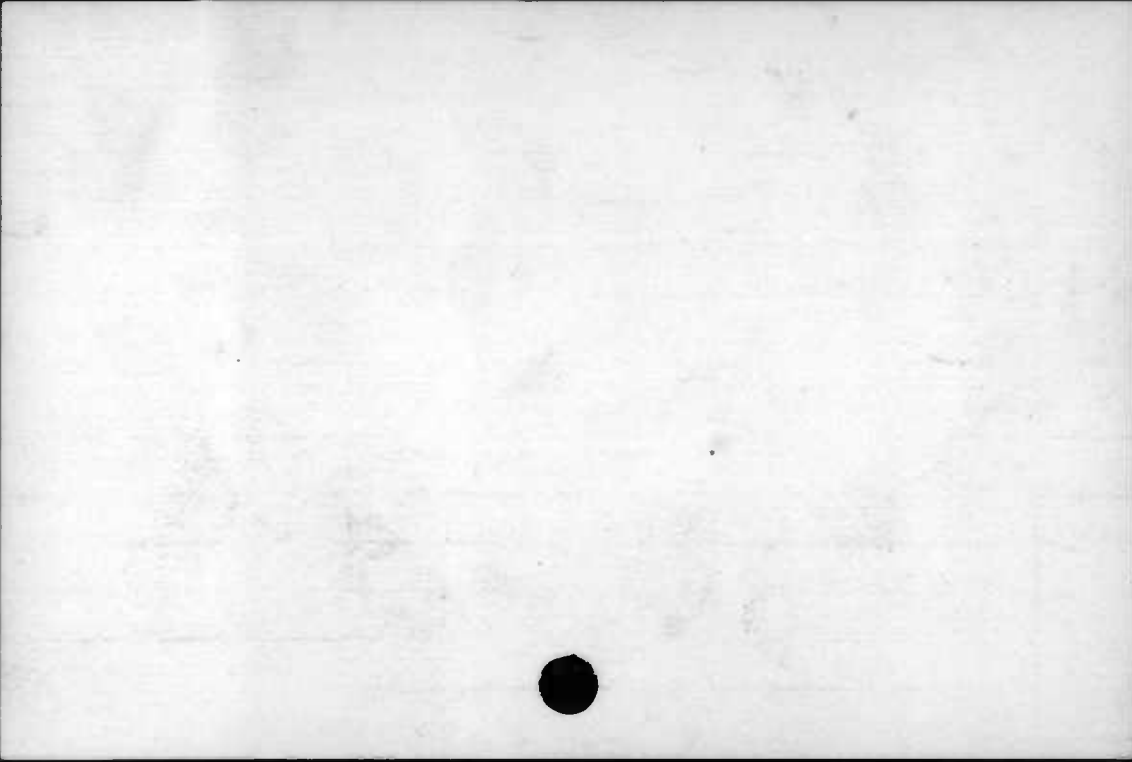
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Parmouth</i> <sup>Town</sup>		<i>Warrister</i> <sup>County</sup>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>18</i>	Age <i>89</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Somerset co</i>		
Occupation <i>Somerset</i>			Where Residing if not at place of death <i>Parmouth</i>		
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband			
Father's Name <i>Don't know</i>			Father's Birthplace <i>Somerset co</i>		
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Julius Smith</i>			How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Le Gripe</i>	How long <i>2 weeks</i>
Immediate <i>exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>David L. Brown</i>
	Address <i>Parmouth, Md</i>
Accident or Suicide?	



Name  
in  
Full

Dr James C. Dirickson

## CERTIFICATE OF DEATH

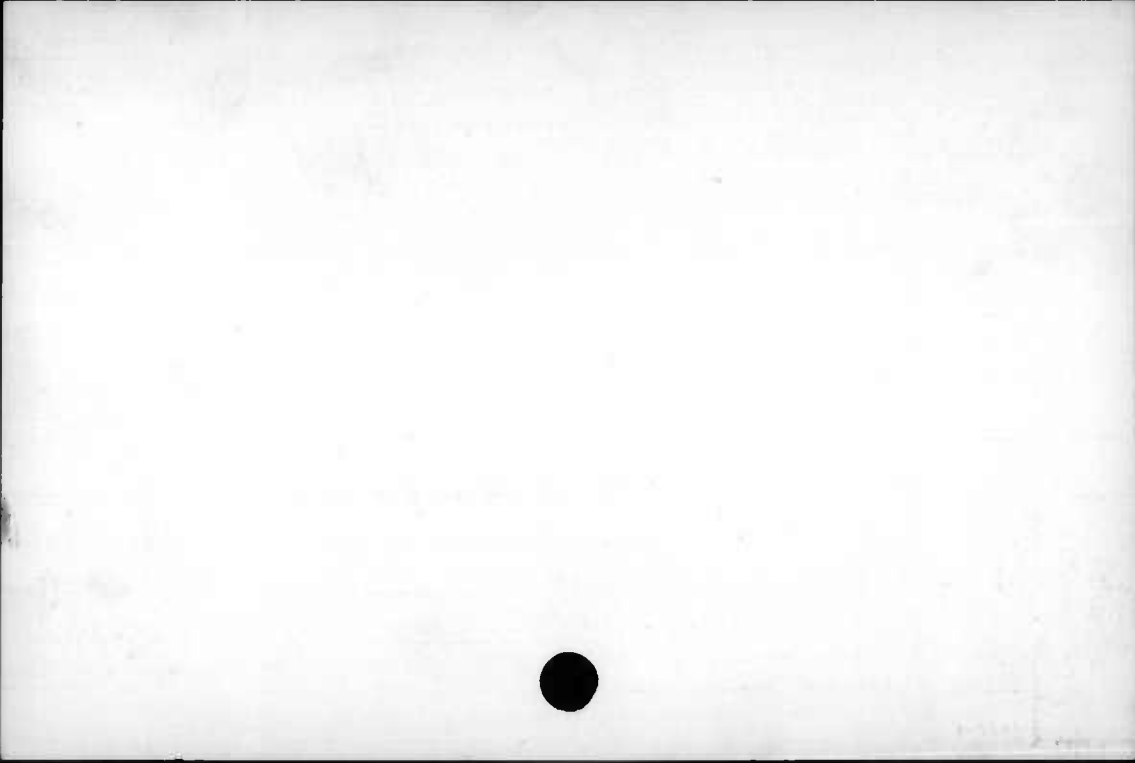
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	1	Day	4
				Years	73
				Months	1
				Days	23
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Ind</i>
Occupation	<i>Physician</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Mrs Blanche Cummings</i>		
Father's Name	<i>James Dirickson</i>		Father's Birthplace	<i>Ind</i>	
Mother's Maiden Name	<i>Henrietta</i>		Mother's Birthplace	<i>Ind</i>	
Name of person giving information	<i>J. E. Wise</i>		How related to deceased	<i>Nephew</i>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>an infection in Early life</i>	How long	<i>50 Years ago</i>
Immediate	<i>Gangrene of Larynx</i>	How long	<i>2 "</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Edwin J Dirickson</i>
<input checked="" type="radio"/> Yes <input type="radio"/> No		Address	<i>Berlin Md</i>
<input type="radio"/> Accident or Suicide? <input checked="" type="radio"/>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Disharoon</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	1907	Month	Jan	Day	15
Age			Years	Months	7
Sex	Male		Color or Race	White	
Occupation			Birth-place	Md	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Broncho-Pneumonia</i>	How long	<i>4 days</i>
Immediate	<i>Meningitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>J. D. Dickerson Md</i>	
Address		<i>Worcester, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

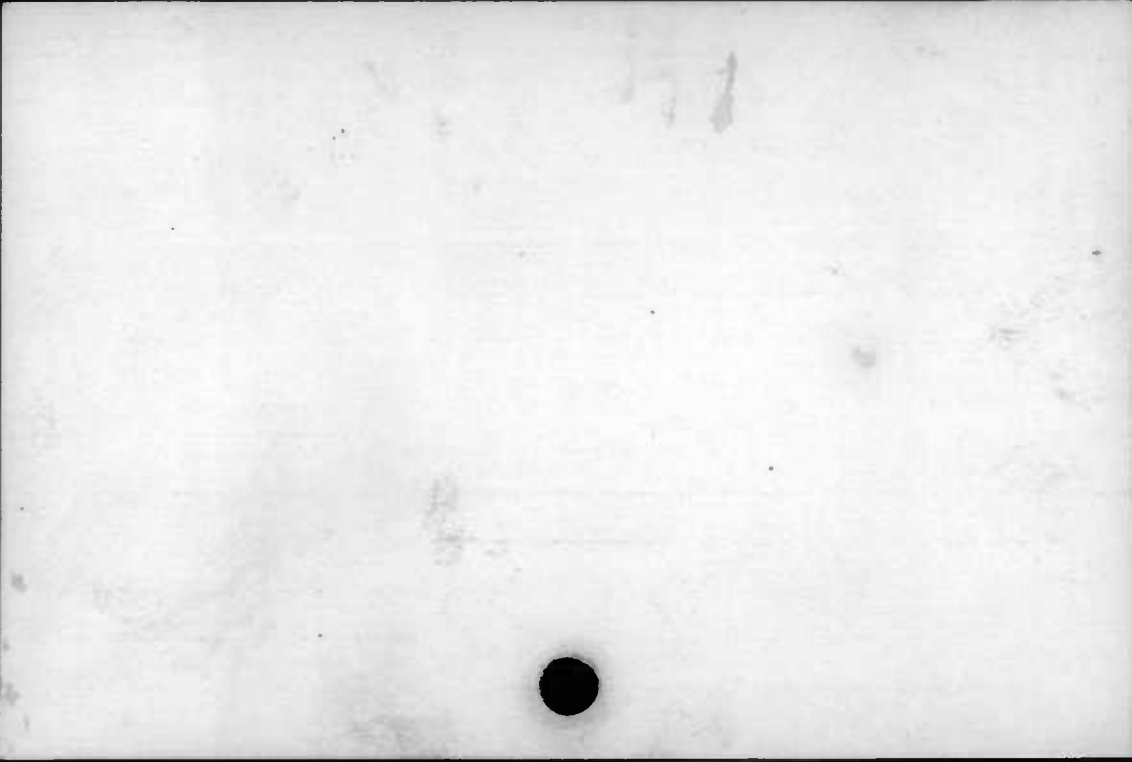
MARYLAND

Died at *Princess Anne* <sup>Town</sup> *County* *Worcester*Date of death *1907* <sup>Month</sup> *Jan* <sup>Day</sup> *14* <sup>Years</sup> *1* <sup>Months</sup> *7* <sup>Days</sup>Sex *Female* Color or Race *Colored* Birth-place *Princess Anne*Occupation *Infant* Where Residing if not at place of death *1000*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *John Fisher* Father's Birthplace *Accomack Co*Mother's Maiden Name *Margaret Aydelott* Mother's Birthplace *Worcester Co*Name of person giving information *Wm Hornumree* How related to deceased *Brother*

## CAUSES OF DEATH

Primary *Typhoid Fever* How long *3 weeks*Immediate *Hemorrhage* How longAre the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *J. D. Duggan*Address *Princess Anne*

Accident or Suicide?



Name  
In  
Full

Grace Billie

## CERTIFICATE OF DEATH

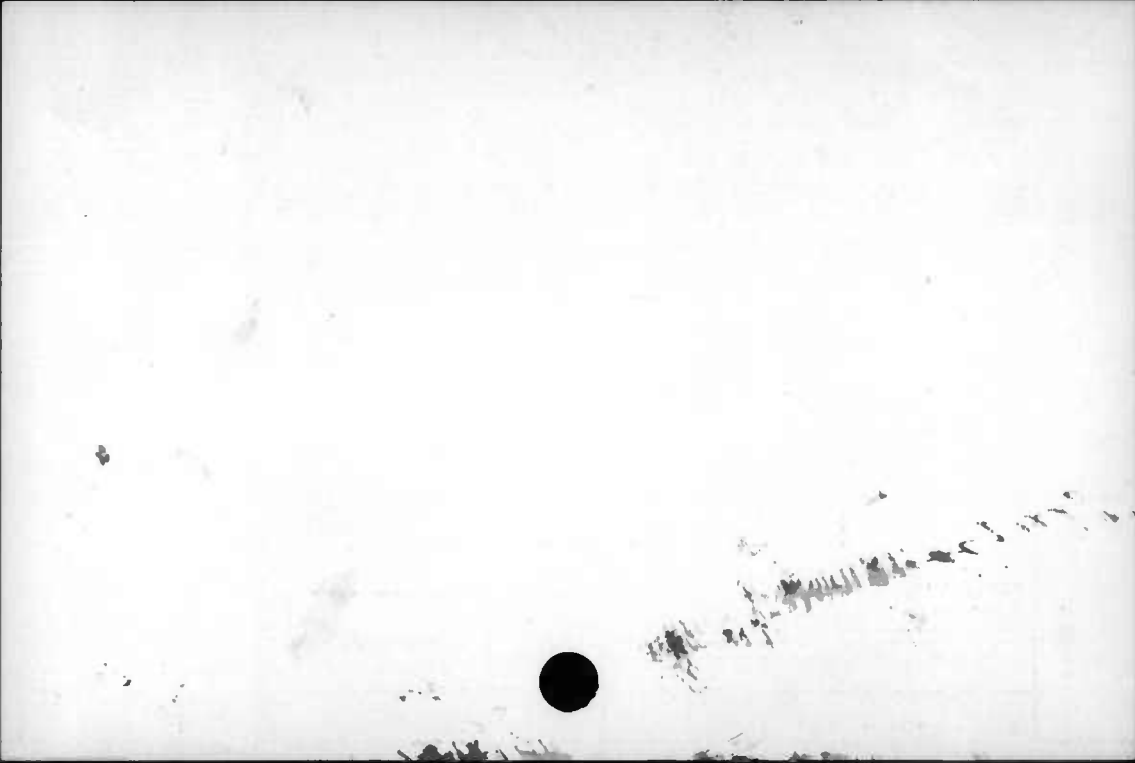
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death 1907		Month 1	Day 6	Age 91	Years Months Days
Sex <i>Female</i>	Color or Race <i>Black</i>	Birth-place <i>Ind</i>			
Occupation <i>Housekeeper</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Unknown</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>				
Name of person giving information <i>Henry</i>	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old age</i>	How long
Immediate <i>Weak Heart</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. J. Holland</i>
	Address <i>Berlin Md</i>
Accident or suicide? <i>no</i>	



Name  
in  
Full

Lloyd Handy

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i> Town		<i>Morristown</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>27</i>	Years <i>42</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>va</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>Snow Hill Md</i>			
Married, Single or Widowed <i>no</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>John Handy</i>	Father's Birthplace <i>va</i>				
Mother's Maiden Name <i>Mary Handy</i>	Mother's Birthplace <i>va</i>				
Name of person giving information <i>JAMES LINGG</i>	How related to deceased <i>none</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Intestinal tuberculosis</i>	How long <i>29</i> <i>4 weeks</i>
Immediate <i>"</i>	How long <i>"</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John L. Riley</i>
	Address <i>Snow Hill, Md.</i>
Accident or Suicide? <i>no.</i>	



Name  
in  
Full

Infant - Holland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stockton</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1907	Month	1	Day	24
Sex <u>Female</u>		Color or Race <u>White</u>		Years	—
Age		—		Months	—
Days		24		Birth-place <u>Ind</u>	
Occupation <u>Infant -</u>		Where Residing if not at place of death <u>Ind</u>			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>John Holland</u>		Father's Birthplace <u>Ind</u>			
Mother's Maiden Name <u>Laura A Redden</u>		Mother's Birthplace <u>Ind</u>			
Name of person giving information <u>A C Hancock</u>		How related to deceased <u>Wife</u>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u>	How long	<u>4 days</u>
Immediate	<u>Pneumonia</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo D. Dickerson</u>	
		Address <u>Stockton Ind</u>	
Accident or Suicide? <u>No</u>		<u>Worcester Co</u>	



Name  
in  
Full

Peter S. Holland.

CERTIFICATE OF DEATH

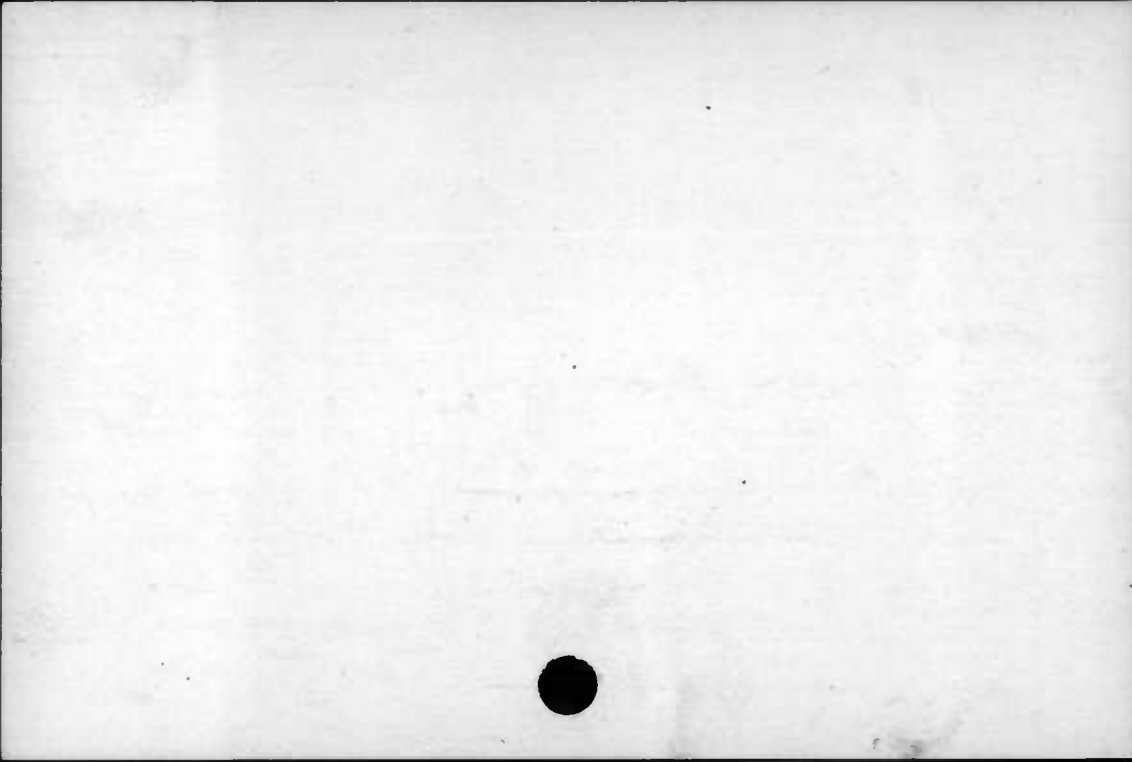
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		STATE	
near		Pocomoke City		Wicomico		MARYLAND	
Date of death	1907	Month	1	Day	12	Age	70
Sex	Male	Color or Race	White	Birth-place	Md.		
Occupation	Retired			Where Residing if not at place of death			
Married, Single or Widowed	Married			Name of Wife or Husband			
Unknown							
Father's Name	John Holland				Father's Birthplace		
Del							
Mother's Maiden Name	Do not know				Mother's Birthplace		
Name of person giving information	Peter S. Holland				How related to deceased		
Same							

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia		How long	8 yrs
Immediate	Exhaustion		How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			J. M. Wilson	
			Address	
			Pocomoke City	
Accident or Suicide?		No		



Name in Full		Houston County		CERTIFICATE OF DEATH	
Died at <u>Sticklin</u> Town		<u>Winchester</u> County		MARYLAND	
Date of death <u>1907</u>		Month <u>Jan</u>	Day <u>3</u>	Years <u>0</u>	Months <u>0</u> Days <u>0</u>
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Winchester Co.</u>	
Occupation <u>-</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Harold Houston</u>		Father's Birthplace <u>MD</u>			
Mother's Maiden Name <u>Helen Benson</u>		Mother's Birthplace <u>MD</u>			
Name of person giving information <u>Harold Houston</u>		How related to deceased <u>Father</u>			
CAUSES OF DEATH					
Primary		<u>Still Born</u>		How long	
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		yes			
Signature of Physician		<u>J. D. Dickerson</u>			
Address		<u>Sticklin MD</u> <u>Winchester Co.</u>			
Accident or Suicide?					

There is much  
more to be said

about the  
subject of

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subject of

Name  
in  
Full

Julia B. Watt

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Morristown</i>		MARYLAND							
Date of death <i>1907</i>		Month <i>Jun</i>		Day <i>23</i>		Age <i>3</i>		Years <i>3</i>		Months <i>1</i>		Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>Blk</i>		Birth-place <i>Md</i>									
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>									
Married, Single or Widowed <i>Single</i>				Name of Wife or Husband <i>—</i>									
Father's Name <i>Sidney Watt</i>				Father's Birthplace <i>Md</i>									
Mother's Maiden Name <i>Phibia Watt</i>				Mother's Birthplace <i>Md</i>									
Name of person giving Information <i>Sidney Watt</i>				How related to deceased <i>Father</i>									

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Capillary Bronchitis</i>		How long <i>1 week</i>	
Immediate <i>Exhaustion</i>		How long <i>24 hrs</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>		Signature of Physician <i>Paul Jones</i>	
Address <i>Snow Hill Md</i>			
Accident or Suicide? <i>9</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Near Stockton</i>		Town <i>Stockton</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>29</i>	Age <i>1</i>	Years <i>0</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>MA</i>				
Occupation <i>-</i>				Where Residing if not at place of death <i>0</i>			
Married, Single or Widowed <i>1</i>		Name of Wife or Husband <i>0</i>					
Father's Name <i>Paul H Jones</i>		Father's Birthplace <i>MA</i>					
Mother's Maiden Name <i>Ella Northington</i>		Mother's Birthplace <i>Va.</i>					
Name of person giving information <i>Marion Jones</i>		How related to deceased <i>Niece</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Still Born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. D. Dickerson</i>
		Address <i>Stockton MA</i>
		<i>Worcester Co</i>
Accident or Suicide?		



Name in full *Infant of Robert - Massey*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Berlin</i>		County <i>Worcester</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>	Month <i>1</i>	Day <i>6</i>	Age <i>9</i>	Years	Months
Sex <i>Male</i>	Color or Race <i>Blk.</i>		Birth-place <i>Ind.</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Robt Massey</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Louisa Henry</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>Robt Massey</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>No. Doctor</i>
<i>Perinatal death</i>	Address <i>OK. D A Massey</i>
Accident or Suicide?	

151



Name  
in  
Full

Isabelle Porter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stockton</u> <sup>Town</sup>		<u>Worcester</u> <sup>County</sup>		MARYLAND	
Date of death	1907	Month	Jan	Day	29
Age	58	Years		Months	
Sex	Female	Color or Race	White	Birth-place	MD
Occupation	Housewife		Where Residing if not at place of death 0		
Married, Single or Widowed	Married	Name of Wife or Husband <u>Jas. H. Porter</u>			
Father's Name	<u>Jas. Waters</u>			Father's Birthplace	MD
Mother's Maiden Name	<u>Mary Scott</u>			Mother's Birthplace	MD
Name of person giving information	<u>J. B. Waters</u>			How related to deceased	Brother

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Acute Indigestion</u>	How long	<u>3 hours</u>
Immediate	<u>Heart Failure</u>	How long	<u>Instant</u>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<u>Dr. D. Dickerson</u>	
Address		<u>Stockton MD</u> <u>Worcester Co.</u>	
Accident or Suicide?			



Name  
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Full

## CERTIFICATE OF DEATH

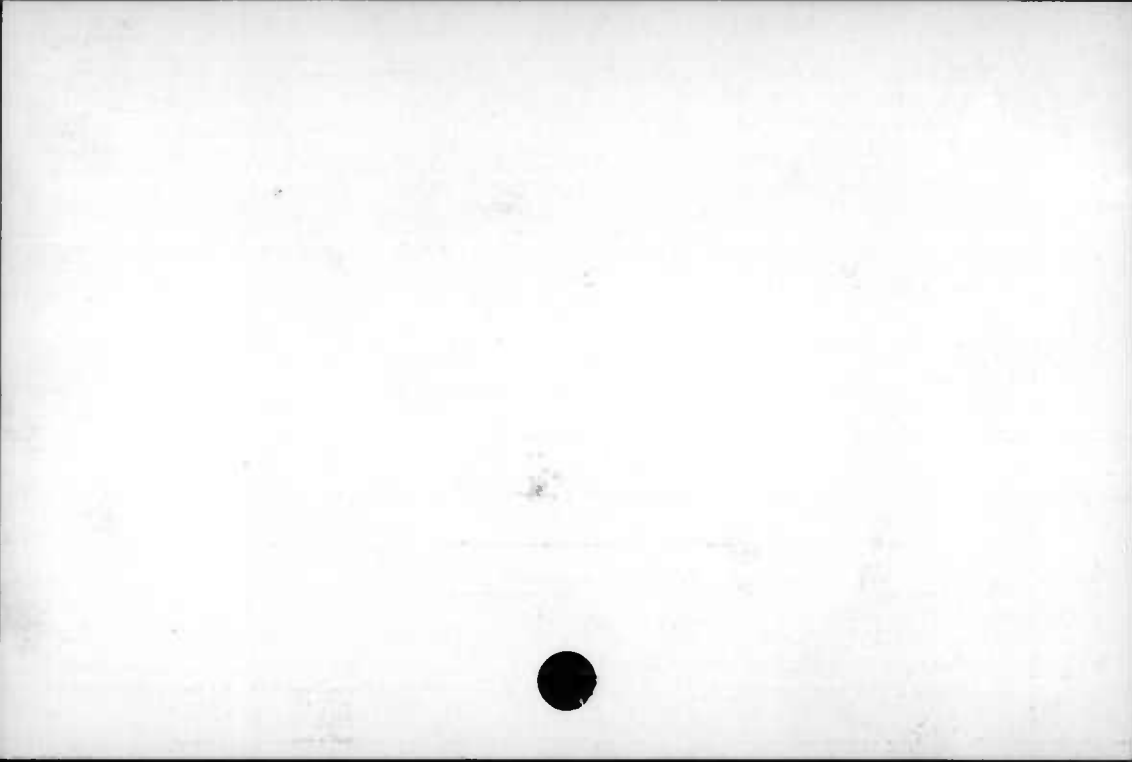
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> <sup>Town</sup>		<i>Worcester</i> <sup>County</sup>		MARYLAND	
Date of death	190 <i>7</i>	Month <i>1</i>	Day <i>26</i>	Age <i>29</i>	Months <i>29</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation <i>Seamstress</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>D. J. Pruitt</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Sarah Parsons</i>		Mother's Birthplace <i>Wor. Co. Ind</i>			
Name of person giving information <i>Oscar Tracher</i>		How related to deceased <i>Born in law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Asthma</i>	How long <i>3 yrs</i>
Immediate <i>Acute Nephritis</i>	How long <i>3 mo</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. W. Driskam</i>
	Address <i>Berlin Ind</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Prattville</i>		Town <i>Prattville</i>		County <i>Monroe</i>		State <i>MARYLAND</i>	
Date of death <i>1907</i>		Month <i>Jan</i>	Day <i>29</i>	Age <i>6</i>	Years	Months	Days
Sex <i>Female</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Prattville</i>			
Occupation <i>Infant</i>		Where Residing if not at place of death <i>Prattville</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Edmond Purnell</i>		Father's Birthplace <i>Monroe Co.</i>					
Mother's Maiden Name <i>Laura Smith</i>		Mother's Birthplace <i>11 21</i>					
Name of person giving information <i>Edmond Purnell</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Leishman</i>	How long <i>Two weeks</i>
Immediate <i>Pneumonia</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. L. L. Linn</i>
	Address <i>Prattville, Mo.</i>
Accident or Suicide? <i>No</i>	



Name  
in  
Full

Lemuel Purnell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Berlin</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan</u>	Day <u>20</u>	Age <u>75</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>Maryland</u>		
Occupation <u>Laborer</u>			Where Residing if not at place of death		
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband <u>Julia Purnell</u>			
Father's Name <u>Unknown</u>		Father's Birthplace <u>Unknown</u>			
Mother's Maiden Name <u>Melting Purnell</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>Rahard Marshall</u>		How related to deceased <u>none</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Old age</u>	How long <u>19</u>
Immediate <u>Dilated Heart</u>	How long <u>Months</u>
Are the name, age, sex, color, date and place correctly given above? <u>YLS</u>	Signature of Physician <u>The Stollard</u>
	Address <u>Berlin Md</u>
Accident or Suicide? <u>Q</u>	



Name  
in  
Full

Seiwell Purnell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Snow Hill</i> <sup>Town</sup>		County <i>Morristown</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>28<sup>th</sup></i>	Age <i>48</i>	Years <i>48</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>Blk</i>		Birth-place <i>Wor. Co., Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>near Snow Hill</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Annie Purnell</i>				
Father's Name <i>Littleton Riffin</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Louisa Robinson</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Saunders Purnell</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Apoplexy</i>	How long <i>8 days</i>
Immediate <i>Paralysis</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yw</i>	Signature of Physician <i>Paul Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>—</i>	



Name  
In  
Full

## CERTIFICATE OF DEATH

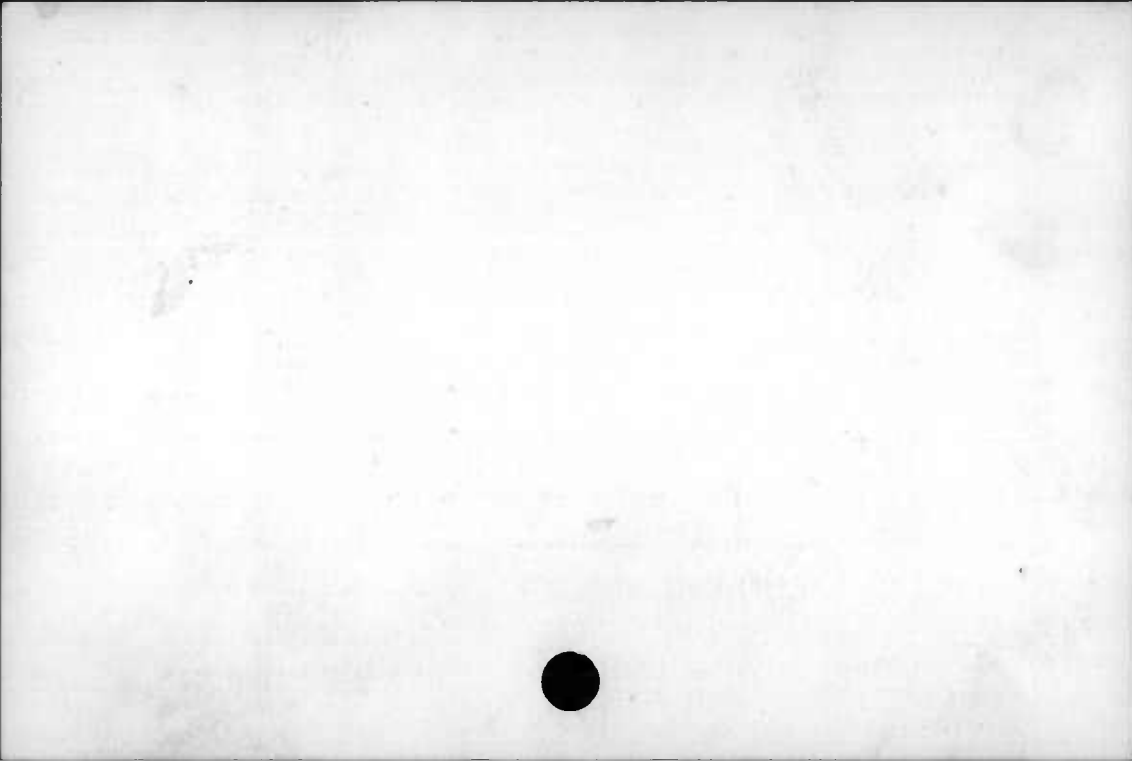
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Paromokh city</i> Town		<i>Worchester</i> County		MARYLAND	
Date of death <i>1907</i>	<i>7</i> Month	<i>5</i> Day	Age <i>94</i>	Years	Months Days
Sex <i>Female</i>	Color or Race <i>colored</i>	Birth-place <i>Dorchester Co</i>			
Occupation <i>domestic</i>	Where Residing if not at place of death <i>Paromokh city Md</i>				
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>—</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Dorchester Co</i>				
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Jas Baileu</i>	How related to deceased <i>son in law</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Le Gripp</i>	How long <i>10</i>	How long <i>Two weeks</i>
Immediate <i>exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Samuel S. Quinn</i>	
<i>Yes</i>	Address <i>Paromokh city Md</i>	
Accident or Suicide?		



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Rue* Town *Pocomoke City* County *Worcester* MARYLAND

Died at *Pocomoke City* Date of death *1907* Month *1* Day *19* Age *38* Years Months Days

Sex *Female* Color or Race *Colored* Birth-place *TG*

Occupation *Domestic* Where Residing if not at place of death *T*

Married, Single or Widowed *Married* Name of Wife or Husband *Samuel Rue*

Father's Name *Do not know* Father's Birthplace

Mother's Maiden Name *Do not know* Mother's Birthplace

Name of person giving information How related to deceased

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Cholera Intestinalis* How long *Do not know*

Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. M. Wilson*

Address *Pocomoke City*

Accident or Suicide? *✓*

CH.

DEPT.



Name  
in  
Full

## CERTIFICATE OF DEATH

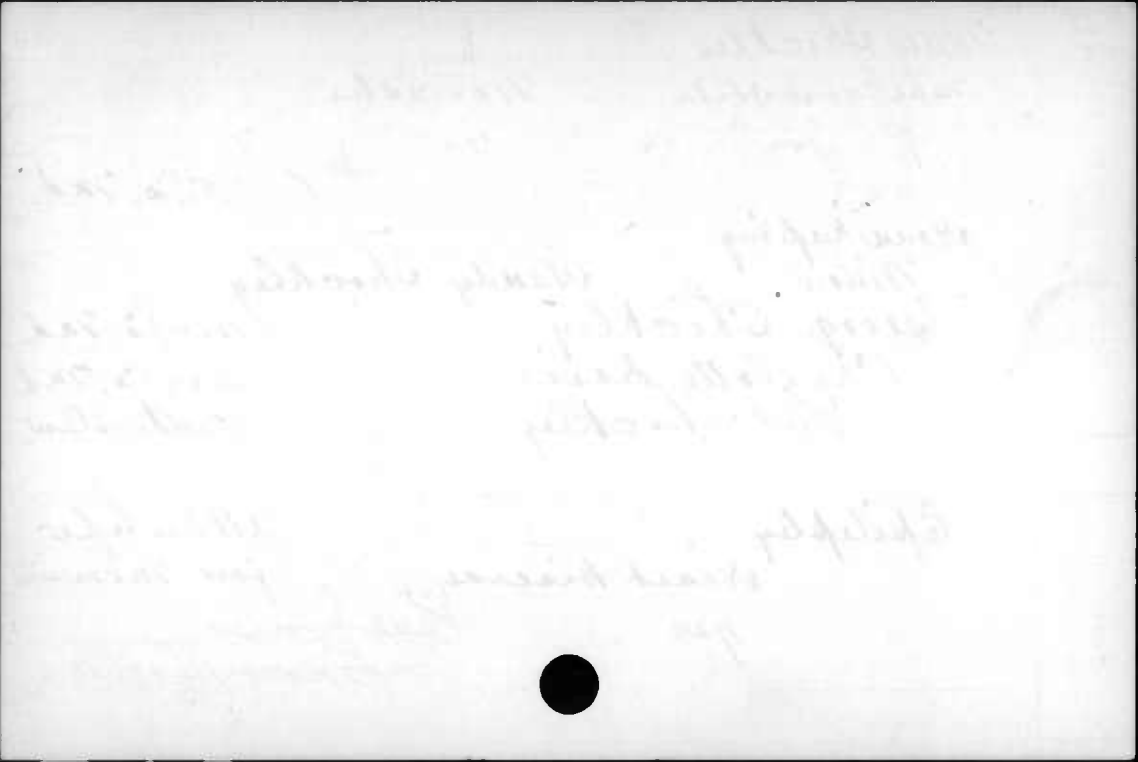
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>19</i>	Age <i>1</i>	Months <i>9</i>	Days <i>7</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Delaware</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Joe P. Savage</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Alice V. Nichols</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving Information <i>Joe P. Savage</i>			How related to deceased <i>father</i>		

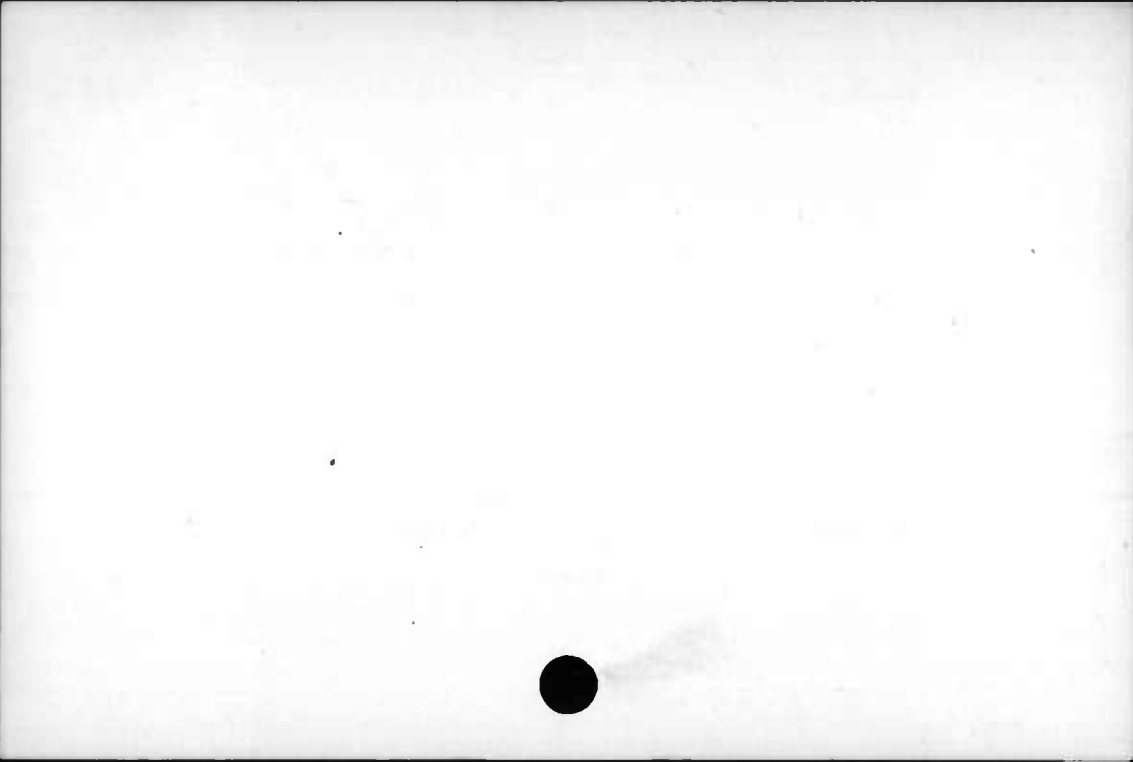
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nephritis</i>	How long <i>6 mo</i>
Immediate <i>Nephritis</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. J. Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide?	



Name in Full <b>May Shockley</b>		Town <b>near Snow Hill</b>		County <b>Worcester</b>		CERTIFICATE OF DEATH	
Died at		Date of death		Age		MAYLAND	
Month <b>Jan</b>		Day <b>16</b>		Years <b>45</b>		Months <b>7</b>	
Sex <b>Female</b>		Color or Race <b>White</b>		Birth-place <b>Wor. Co, Md</b>		Days <b>—</b>	
Occupation <b>House keeping</b>		Where Residing if not at place of death					
Married, Single or Widowed <b>Widow</b>		Name of Wife or Husband <b>Waddy Shockley</b>					
Father's Name <b>George Shockley</b>		Father's Birthplace <b>Wor. Co, Md</b>					
Mother's Maiden Name <b>Charlotte Davis</b>		Mother's Birthplace <b>Wor. Co, Md</b>					
Name of person giving Information <b>Thos Shockley</b>		How related to deceased <b>Brother in law</b>					
CAUSES OF DEATH							
Primary <b>Epilepsy</b>		How long <b>all her life</b>					
Immediate <b>Heart Disease</b>		How long <b>few moments</b>					
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>		Signature of Physician <b>Paul Jones</b>		Address <b>Snow Hill Md</b>			
Accident or Suicide? <b>9</b>							



Name  
in  
Full

*Charles Spencer Child*

CERTIFICATE OF DEATH

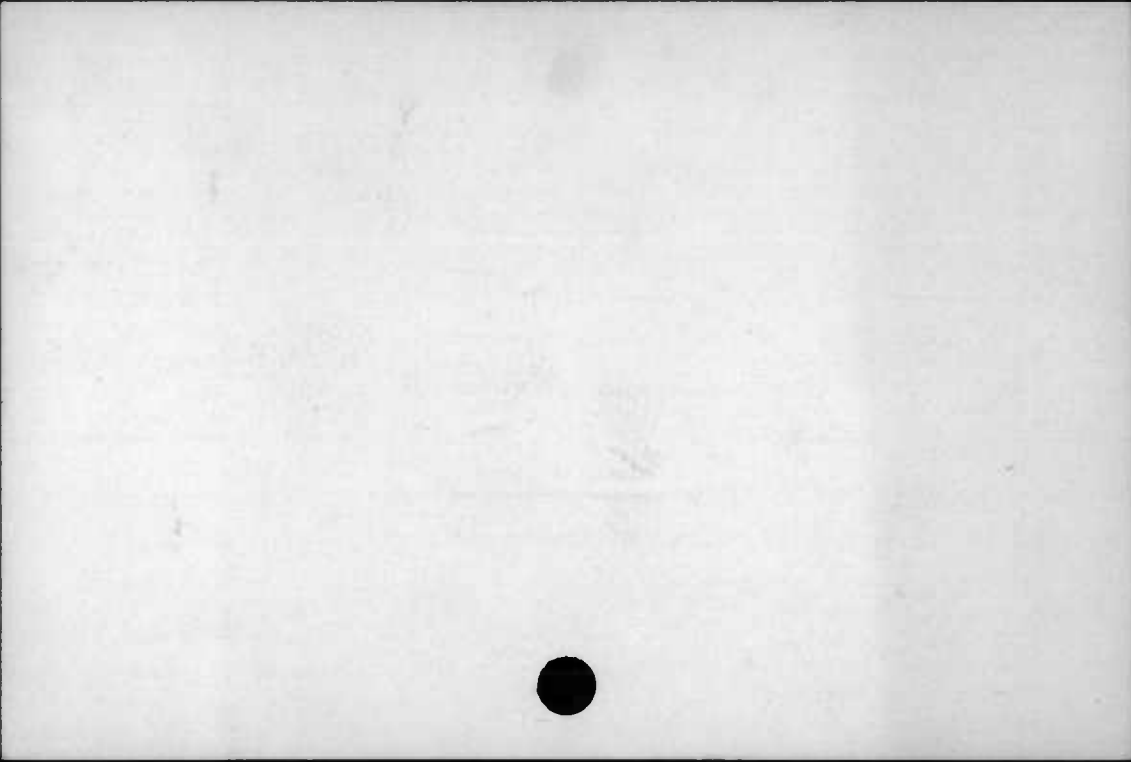
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Berlin</i> Town		County <i>Worcester</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>11</i>	Years <i>10</i>	Months _____ Days _____
Sex <i>male</i>	Color or Race <i>Black</i>		Birth-place <i>Mayland</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Charles Spencer</i>		Father's Birthplace <i>Mayland</i>			
Mother's Maiden Name <i>Minnie Spencer</i>		Mother's Birthplace <i>Mayland</i>			
Name of person giving information <i>Ebe Smack</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>One year</i>
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. W. Driskom</i>
<i>yes</i>	Address <i>Berlin Md</i>
Accident or Suicide? _____	



TO BE ANSWERED BY  
NEAREST FRIEND

*Miss Maud Stenman*

Died at *Annurke City* *Worcester* County

MARYLAND

Date of death 1907 *1* Month *6* Day *18* Years *6* Months *2* Days

Sex *female* Color or Race *white* Birth-place *Maryland*

Occupation *School girl* Where Residing if not at place of death *✓*

Married, Single or Widowed *single* Name of Wife or Husband *✓*

Father's Name *Louis F. Stenman* Father's Birthplace *Md.*

Mother's Maiden Name *Amelia H. Cobine* Mother's Birthplace *Md.*

Name of person giving information *Louis F. Stenman* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pulmonary Tuberculosis* How long *1 yr*

Immediate *Exhaustion* How long *1 week*

Are the name, age, sex, color, date and place correctly given above? *Yes*

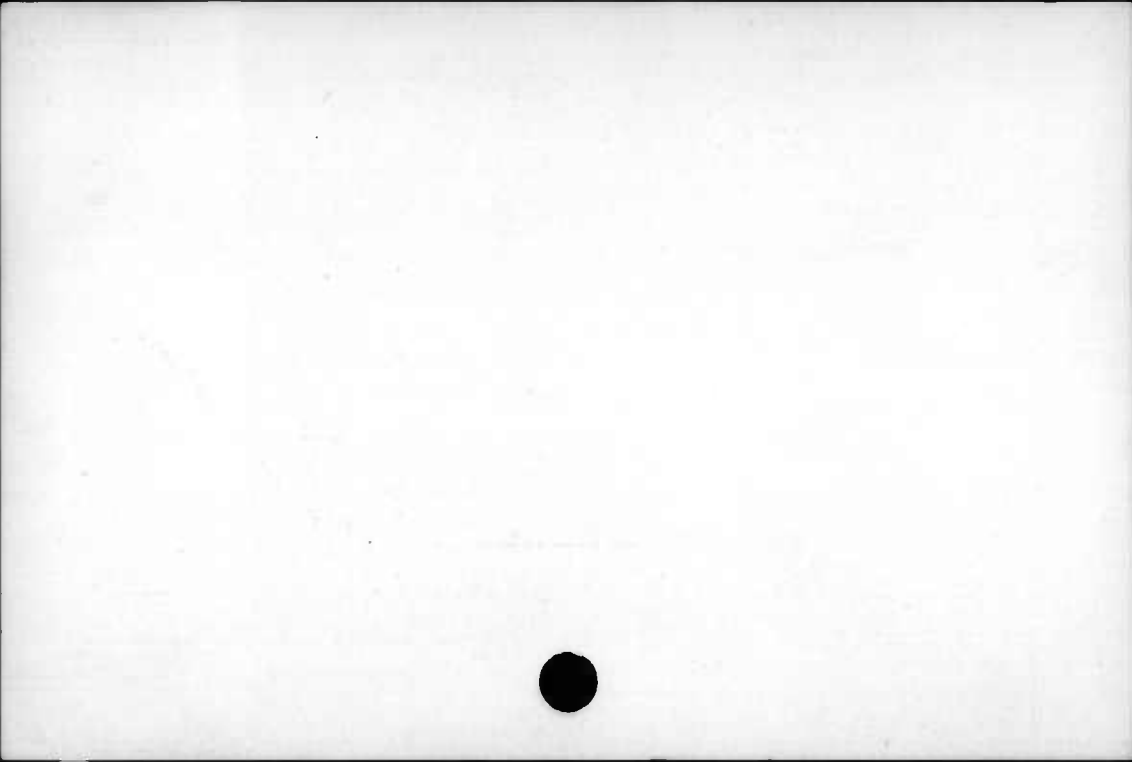
Signature of Physician *J. M. Wilson*

Address *Annurke City*

Accident or Suicide? *✓*



Name in Full <b>Lutetia Latman</b>		Town <b>Paromoke city</b>		County <b>Worchester</b>		CERTIFICATE OF DEATH	
Died at <b>Paromoke city</b>		Month <b>Jan</b>		Day <b>5</b>		Years <b>78</b>	
Date of death <b>1907</b>		Months <b>1</b>		Days <b>5</b>		Age <b>78</b>	
Sex <b>male</b>		Color or Race <b>white</b>		Birth-place <b>Worchester Co</b>		MARYLAND	
Occupation <b>Farmer</b>		Where Residing if not at place of death <b>Paromoke city</b>					
Married, Single or Widowed <b>widowed</b>		Name of Wife or Husband <b>—</b>					
Father's Name <b>Don't Know</b>		Father's Birthplace <b>Worchester Co</b>					
Mother's Maiden Name <b>" "</b>		Mother's Birthplace <b>" "</b>					
Name of person giving information <b>Gas Honey</b>		How related to deceased <b>son in law</b>					
CAUSES OF DEATH							
Primary <b>Age and Indigestion</b>		How long <b>a year</b>					
Immediate <b>exhaustion</b>		How long <b>two months</b>					
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>Samuel S. Quinn</b>		Address <b>Paromoke city Md</b>			
Accident or Suicide? <b>No</b>							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Stockton</b> <small>Town</small>		<b>Worcester</b> <small>County</small>		MARYLAND		
Date of death <b>1907</b>		Month <b>Jan</b>	Day <b>22</b>	Years <b>88</b>	Months <b>11</b>	Days <b>28</b>
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Near Stockton</b>		
Occupation <b>Undertaker</b>		Where Residing if not at place of death				
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Sallie E. Taylor</b>				
Father's Name <b>Stephen Taylor</b>		Father's Birthplace <b>Don't know</b>				
Mother's Maiden Name <b>Susan Aydelotte</b>		Mother's Birthplace <b>Don't know</b>				
Name of person giving information <b>Wm. A. Taylor</b>		How related to deceased <b>Son</b>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<b>Severe debility</b>	<b>154</b>	How long <b>2 months</b>
Immediate	<b>Uremia</b>		How long <b>3 days</b>
Are the name, age, sex, color, date and place correctly given above? <b>Yes</b>		Signature of Physician <b>J. D. Dickerson</b>	
<b>J</b>		Address <b>Stockton Md</b>	
		<b>Worcester</b>	
Accident or Suicide? <input type="checkbox"/>			



Name  
in  
Full

Archie L. Williams

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>Pocomoke City</i>		County <i>Worcester</i>	
Date of death <b>1907</b>	Month <i>Jan</i>	Day <i>8</i>	Age <i>1</i>
Sex <i>Male</i>	Color or Race <i>colored</i>	Birth-place <i>Worcester Co</i>	Months <i>3</i>
Occupation <i>infant</i>	Where Residing if not at place of death <i>Pocomoke City</i>		
Married, Single or Widowed <i>"</i>	Name of Wife or Husband <i>"</i>		
Father's Name <i>Elijah Williams</i>	Father's Birthplace <i>Accomac Co</i>		
Mother's Maiden Name <i>Laura B. Bailey</i>	Mother's Birthplace <i>Worcester Co</i>		
Name of person giving information <i>A. Williams</i>	How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>3 weeks</i>
Immediate <i>Pneumonia &amp; Collapse</i>	How long <i>a few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>David S. Davis</i>
	Address <i>Pocomoke City, Md.</i>
Accident or Suicide? <i>No</i>	

